

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11-595242

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.

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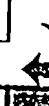
TOTAL DEP.

13



TOTAL CLAIMS

17



AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



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